

Entered - 01/19/01 - sb
CL01L0043 - DIANNE C. MITCHELL

01-R -1059

CLAIM OF: **DORIS A. DOUGLAS**
747 Lullwater Road, NE
Atlanta, Georgia 30307

For damages alleged to have been sustained as a result of a sewer
back up on December 29, 2000 at 747 Lullwater Road, NE.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0043

Date: June 27, 2001

Claimant /Victim DORIS A. DOUGLAS
BY: (Atty)(Ins. Co.) _____
Address: 747 Lullwater Road, NE, Atlanta, Georgia 30307
Subrogation: _____ Claim for Property damage \$ 569.50 Bodily Injury \$ _____
Date of Notice: 01/08/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 12/29/00 Place: 747 Lullwater Road, NE
Department Public Works Division: Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that her property was damaged due to a sewer back up. The investigation determined that the City had no notice of any problems with the mainline prior to the incident involving the claimant. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-27-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: December 29, 2000

Dear Municipal Clerk:

ENTERED - 1-19-01 - SB
01L0043 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 569.50 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 12/29/00 2. Time of Incident: 6:30am 3. Police called: X
(month/day/year). Yes No

4. Location of incident (including street address): 747 Lullwater Rd NE ATLANTA 30307

5. Name of your insurance company: STATE FARM Policy No. 11-38-8031-3 (\$1,000 deductible)

6. State what and how incident occurred: On my way to work, around 6:30am on 12/29/00 I heard water running on

side in the yard and saw water/sewage running out of the sewer pipe - I then checked terrace level of house and saw water/sewage running out of toilet + shower stall. It had run into 3 rooms and also laundry room in basement. I called city sewer - crew came out at 11:30am to open up city main sewer line - clean up crew came out at 9:30pm to clean up floor

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Doris Douglas
Signature of Claimant

DORIS A Douglas
(Print Claimant's Name)

747 Lullwater Rd NE
(Address)

Atlanta GA 30307
(City, State and Zip Code)

770.488.1829 404.373.1802
(Work Number) (Home Number)

01-K-1059

attached is estimate of items irretrievably lost or damaged in the incident. I lost day of work due to waiting on repair crew and clean up crew.

the clean up crew would come on Monday after 11:30am and I would wait for them all day, unable to go to work.